

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8						
9						
10						
11						
12						
13		1				
14		1				
15	?	1				
16						
17		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	18					
TOTAL CLAIMS	19					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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57						
58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						